

## APPLICATION FOR ACCESS TO RECORDS

DATE: \_\_\_\_\_

TO: RECORDS ACCESS OFFICER, VILLAGE OF FREEPORT

I hereby apply to inspect the following record(s) for \_\_\_\_\_  
(Property Address)

<input type="checkbox"/> Certificate(s) of Occupancy (\$50.00)* <input type="checkbox"/> Permits <input type="checkbox"/> Original Dwelling <input type="checkbox"/> Additional work done <input type="checkbox"/> Correspondence/ Notice of violation	<input type="checkbox"/> Survey <input type="checkbox"/> Plans <input type="checkbox"/> Original <input type="checkbox"/> Other
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**Actual time incurred to process & photocopy FOIL will be charged to the applicant. \$**  
**.25 cents per photocopy (additional charges for oversized documents). \$**  
**Letter required by Title Company (including letter in Lieu of C.O.)\$75.00 \$**

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\_\_\_\_\_  
(Print Applicant's Name)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Representing)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
Phone Number (required)

\_\_\_\_\_  
(E-mail address) (Optional)

\_\_\_\_\_  
(Fax Number) (Optional)

(DO NOT WRITE BELOW THIS LINE)

APP. # \_\_\_\_\_

\_\_\_\_\_  
**APPROVED**-records will be made available on or about \_\_\_\_\_

\_\_\_\_\_  
**DENIED**-for the reason(s) checked below:

\_\_\_\_\_  
Exempted from disclosure by state or federal statute

\_\_\_\_\_  
Disclosure would result in an unwarranted invasion of personal privacy

\_\_\_\_\_  
Disclosure would impair contract awards of collective bargaining agreements

\_\_\_\_\_  
Records are compiled for law enforcement purposes and, if disclosed, would  
Interfere with law enforcement purposes and, if disclosed, would deprive a person of a right to a fair trial

\_\_\_\_\_  
Identify a confidential source or disclose confidential info re: investigation

\_\_\_\_\_  
Reveal non-routine criminal investigative techniques or procedures

\_\_\_\_\_  
Disclosure would endanger the life or safety of any person

\_\_\_\_\_  
Records are inter-intra-agency communications that are not 1) statistical or factual  
Tabulations or data, 2) instructions to staff that affect the public, 3) final agency or determinations, or  
external audits

\_\_\_\_\_  
OTHER \_\_\_\_\_

\_\_\_\_\_  
(AUTHORIZED SIGNATURE)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)

**NOTICE:** You have a right to appeal a denial of the application. You must appeal, in writing to the Village Clerk of the Village of Freeport within thirty (30) days of the date of the denial. If the Village Clerk further denies access, the reason will be given to you in writing within ten (10) business days of the denial of your appeal.

Revised 4/29/2010

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DATE: \_\_\_\_\_

TO: **RECORDS ACCESS OFFICER, VILLAGE OF FREEPORT**

I hereby apply to inspect the following record(s) for \_\_\_\_\_

<b>Village Court Violations</b>
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\_\_\_\_\_  
**Actual time incurred to process & photocopy FOIL will be charged to applicant.      \$**\_\_\_\_\_

\_\_\_\_\_  
**(Print Applicant's Name)**

\_\_\_\_\_  
**(Applicant's Signature)**

\_\_\_\_\_  
**(Street Address)**

\_\_\_\_\_  
**(Representing)**

\_\_\_\_\_  
**(City, State, Zip)**

\_\_\_\_\_  
**(Phone Number)**

\_\_\_\_\_  
**(E-mail address)      (Optional)**

\_\_\_\_\_  
**(Fax Number)      (Optional)**

**(Do not write below this line)**

APP. # \_\_\_\_\_

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\_\_\_\_\_  
OTHER \_\_\_\_\_

\_\_\_\_\_  
**(AUTHORIZED SIGNATURE)**

\_\_\_\_\_  
**(TITLE)**

\_\_\_\_\_  
**(DATE)**

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**Revised 4/29/2010**